ANNEX A - ICB Consultation Response – August 2023

On Thursday 24 August 2023, the ICB published its response to the staff consultation process aimed at supporting the ICB's transition to its new Target Operating Model and meeting a reduced running cost allowance. This paper shares key sections of the consultation document for MK Partners and is to be read in conjunction with the final structures which were published alongside.

This paper covers three sections – i) the feedback we received, ii) the ICB's response, and iii) a summary of the ICB's functions in our new Target Operating Model.

Feedback Received

Summary of Staff Feedback

The organisation received approximately 1500 pieces of feedback. These responses have been collated and reviewed and the key themes are outlined below.

General Feedback

- Recognition of the need and requirement for change because of the mandate from NHSE for a 30% reduction in running costs
- Comments received regarding the potential for savings from the proposals within the consultation
- Feedback was provided and queries were raised around key stages of the management of change process and support for redeployment into Suitable Alternative Employment (SAE)
- Clarification requested that all roles would be open to flexible working including part-time hours
- Comments demonstrated that there would be an appetite for a Voluntary Redundancy Scheme should the ICB receive permission from NHSE to offer such a scheme
- Feedback received in regard to the ICB recruitment freeze and its criteria
- Feedback received regarding the timing of the consultation
- Positive feedback received about the tone and the improved timeline of this consultation
- Positive feedback received in respect to the Shared Transformation / Place engagement events

Feedback on Organisational Change

- Comments were made in regard to the proportion of senior and junior roles within the structure and the impact this may have in respect to cost savings and career pathways for staff, especially the increased number of Band 9 roles
- Comments were made regarding the outlined structures and the potential impact on staff
- Concerns were raised about the reduction in structures and reduced resilience the proposed changes would create
- Comments voiced about the limited number of administrative roles and the impact for senior staff and the organisation
- Comments voiced concerning the requirement and remit for specific roles and the remit of directorates within the structure
- Alternative suggestions were provided for individual structures and roles to support and inform the achievement of financial efficiencies as well as the alignment of working practices needed for the ICB
- Comments were made with regard to career progression opportunities
- Concerns were voiced with regards to the level of resource and capacity within certain structures to complete the ICB's workload aligned to priorities and patient outcomes
- Comments received about the size of specific structures

- Feedback and queries about specific structures and how they might operate to meet requirements
- Clarification requested about how the various elements of the Target Operating Model would interface and work together
- Identification of some current functions perceived to be missing in the proposed structure
- Feedback was provided and queries and concerns raised around current and proposed new job descriptions including the consistency of roles and bandings
- Feedback was provided around the consistency and location within the structure of transformation roles
- Comments were received in regard to areas designated out of scope for this consultation
- Comments were voiced that the structure may lead to loss of relationships with partners, organisational memory and skills
- Comments were voiced concerning the level of consideration given to roles / functions interfacing with patients
- Comments were received in regard to ensuring the structures reflected the requirements of Primary Care and the Fuller report
- Comments were voiced about the appropriateness of the proposed location in the structure of the Shared Transformation Resource
- Feedback requesting confirmation about how the Shared Transformation Resource and Place teams will operate
- Comments were received about the suggestion for a Primary Care focus for some of the Place roles
- Comments were voiced about the size and capacity of Shared Transformation Resource / Place and whether it would contain the appropriate skills and experience; and
- Comments were shared regarding sustainable funding for a large number of fixed term contracts

Summary of Trade Union Feedback

The following feedback was raised as part of the consultation process by the trade unions.

- Consideration of a Voluntary Redundancy Scheme as part of a suite of mitigations against compulsory redundancies for staff
- Confirmation of measures relating to staff recently TUPEd into the ICB
- Clarification regarding Suitable Alternative Employment, employment rights and rights to redundancy
- Queries were raised about the use of interims and agency workers across functions within the ICB
- Trade Unions asked for support in ensuring that staff had access to TU representatives
- Confirmation as to the justifications for the continued recruitment to roles within the ICB
- Clarification regarding the difference in bandings between roles
- Confirmation of 1:1 consultation meetings and support to line managers
- Clarification and detail regarding the impact on staff because of the proposed structure changes
- Confirmation that consideration would be given to office accessibility, free parking and robust refreshment facilities when selecting alternative office locations

- Clarification regarding on-call arrangements and payments
- Detail in respect to the Slotting and Pooling process
- Detail in relation to the proposed Assessment process
- Confirmation that the consultation and its process was meaningful
- Concerns raised about the reduced structures and the resulting impact on staff and services
- Clarification regarding the support provided to staff during the consultation period to safeguard their wellbeing; and
- Request for updates regarding the non-pay review

Summary of System Partner Feedback

- Comments received that our partners are pleased to see the importance being connected to the VCSE but concerned to see the removal of other roles related to specific clinical conditions
- Clarification requested around how the ICB will meet national requirements for addressing its population needs with the potential removal of a dedicated PEoLC commissioner
- Recognition that a number of roles in the new structure will lean into Place but would appreciate further consideration about the size of the Place teams
- Consideration to be given to the scaling up of services e.g. back office functions
- Clarification requested as to where the ICB will focus its priorities in the future e.g. What will it stop doing?
- Comments supporting the improved clinical leadership for Allied Health Professionals
- Recognition of the benefits of the Target Operating model (TOM), greater collaborative working to mitigate risks of moving to the TOM
- Concern that close working relationships with ICS colleagues may be lost and clarification as to how the new Shared Transformation Resource team will work to mitigate this risk
- Comments regarding how the ICB will identify the work to be completed at scale versus at place; and
- Comments received that the ICB's focus on inequalities, prevention and the wider determinants of health is welcome but there are further opportunities to enhance this work with greater collaboration in these areas, making best collective use of our skills and resources, and serving our population more effectively and efficiently.

BLMK ICB Consultation Response

The ICB understands that change of any type is challenging and difficult and appreciates the feedback and input that has helped the ICB to form a response to the consultation. During the consultation the ICB has been clear that year 1 is a transitional year and that we will be conducting further changes in year 2. Potential changes in year 2 are likely to include:

- Further discussions with system partners regarding provider collaborations
- Understanding opportunities to explore shared arrangements with other ICBs and local partners
- Clarifying the expectations and requirements of Specialised Commissioning and the need

to incorporate this function into our Target Operating Model
- Ensuring that the ICB instigates tight vacancy controls to mitigate potential redundancies. This will include reviewing all recruitment requests to ascertain whether the role could be delivered in a different way; and
- Continuing to review its estates to ascertain further opportunities for rationalisation

The impact of a 30% reduction in the ICB Running Cost Allowance after accounting for the expected impact of potential future unfunded pay awards to 2025/26, requires a reduction in Management Costs of £6.8m; this is composed of £5.5m reduction in Running Cost Allocation and expected the cost of expected future pay awards at £1.3m.

The impact of the final proposed structure is as follows:

- Without change and including the impact of expected future pay awards, the cost reduction requirement to manage from the ICBs current costs to the target allocation / budget is £6.8m
- NHSE has phased the savings requirement: 20% in 2024/25, with a further 10% in 2025/26.
- The final post-consultation structures and the review of non-pay shows a reduction in costs of £4.8m, delivering approximately two-thirds of the overall target.
- The remaining financial challenge will need to be delivered through further actions.

The ICB is conscious that staff questioned why the ICB is continuing to recruit to roles during the consultation period. As the ICB implements the Target Operating Model, we are being clear and honest about the major financial challenges the ICB faces as an organisation. The executive team has agreed a recruitment freeze will be in place between now until at least the end of the year. During this time, the ICB recognise that there may be some roles that are business critical or roles that have been identified due to additional funding streams. These exceptions will be agreed with the Executive Directors and offered as internal secondments in the first instance. The Executive team are retaining roles, where possible for re-deployment opportunities to support the mitigation of redundancies for existing staff.

As part of the ICB's mitigations against potential compulsory redundancies, the ICB is seeking approval from NHSE to offer a Voluntary Redundancy (VR) Scheme to staff. We have received an indication that our request has been approved but understand that approval will come with some caveats and restrictions. The ICB are awaiting further guidance from NHSE before sharing a VR scheme.

In line with good practice, the ICB reviewed our functions against director portfolios to ensure they were still correctly aligned and also to determine that directorates names reflected their remit. Following such a review, a few changes have been made.

- Chief Transformation Officer becomes Chief Operating Officer
- Chief of Corporate Services & System Assurance becomes Chief of Strategy and Assurance
- Oversight and Assurance of Population Health, and Business Intelligence moves to Strategy and Assurance, the Population Health Team will be seconded to the Population Health Intelligence Unit which is being hosted by Bedford Borough.
- Pharmacy and Medicines Optimisation will remain within Primary Care and the clinical leadership for Allied Health Professions and Pharmacy will be held in the Medical

Directorate.

Where alternative suggestions were made for the structures, these were reflected upon and implemented as appropriate. In particular, structure changes have occurred in Finance, Chief Operating Officer Directorate, Medical Directorate and Primary Care. Feedback has also been taken on board regarding sustainable funding for fixed term contracts reliant on external funding.

Feedback was provided regarding the need for roles within the Place team to have a focus on developing Primary Care. Following careful consideration, it was agreed that Place needed tailored support for Primary Care to become fully integrated at 'place' and to fully align primary care with community and council services to optimise integrated neighbourhood working and same day urgent care access in each Place. The final structure reflects this requirement with 4 x 8A roles now focused on Integrated Neighbourhood transformation and 4 x B7 roles supporting this work.

Comments received from feedback and the STR / Place engagement events demonstrated that the structure chart needed to reflect the integrated nature and flexibility of the work of the System Transformation Resource (STR) team. The chart has been amended to depict this. All staff members working within the STR team will have a named line manager but will work with a range of individuals as part of an integrated team.

The impact of the feedback and the resulting changes to the structure are listed below. At the start of the consultation period, we had indicated a potential impact of a loss of 84 roles within the organisation. Following consultation this has been amended to 71.

Purpose of the ICB: Functions & Teams

Chief of Staff

The Chief of staff team leads the corporate office functions of the ICB to enable, on a day-to-day basis, the effective and efficient operation of the CEO and Chair's activities. It ensures the effective conduct of business for the ICB and support to the ICS in undertaking its role ensuring that there are effective and robust risk management processes, mechanisms and management in place for the ICB.

The team is responsible for the effective management and response to Complaints, Freedom of Information (FOIs) requests and enquiries through the Enquiries and Experience team.

The Chief of Staff also provides the Accountable Emergency Officer role for the ICB, supported by the EPRR team who ensure the ICB is able to fulfil its statutory duties as a Category 1 responder under the Civil Contingencies Act. This includes, on call, emergency planning and preparedness, exercising and training, business continuity and incident response.

Medical Directorate

The Medical Directorate has three key elements; clinical and professional leadership, research and innovation, and Digital.

The Clinical Senate and the Clinical and Professional Leadership groups support the voice of clinicians in the ICB and their development. Two key roles, Chief AHP and Chief Pharmacist create roles where local, senior clinical leaders in these areas can support the Chief Medical Director in

the transformation of clinical services. The medical directorate leads clinical professional oversight and provides professional leadership through the ICB registered workforce with the Chief Nursing Director and their team.

The research and innovation team support our ambition to be a research ICB. Working with our partners, University of Bedfordshire and others, the team will create and support opportunities to undertake and generate research.

The Digital team, work across the ICB to support and build the digital capacity and capability in all our providers in health and care. This exciting work draws the full potential of digital enablement into our system, developing us into a leading digital ICB.

People & Development

The People Directorate comprises three core teams and one hosted team. Their overall function is to deliver the ten key areas for workforce ascribed to ICBs and deliver a People service to the ICB as an employer. The system level work includes the workforces across social care and health. In relation to the NHS, the team deliver the NHS People Plan, the NHS People Promise and the NHS Long Term Workforce Plan and Social Care Workforce Plan.

People and Development provides the core operational People services to the ICB as an employer. They lead all the work that the ICB does to ensure good employment practice and retention, including equality, diversity, inclusion and belonging for the organisation. This team deliver the internal People Plan and Promise work for the ICB as an employer. In this team there is a temporary team to enable the current change process, reduction in running cost allowance and other delegated teams of staff to join us for their employment, they will be disbanded at the end of the change programmes.

The Workforce Development Academy (WDA) team provide a system focussed approach to delivering workforce planning, best practice in retention, recruitment, equality, diversity and inclusion and belonging and delivering the other People Plan and promise elements. They lead the system work on education and training, the Long-Term Workforce Plan and support the People Board sub- groups to operate. They are key relationship holders with social care and NHS providers on People issues, bringing research, best practice, and innovation into our system. The OD and EDIB team work across the system work and the ICB as an employer, sharing innovation, learning and best practice across the system and the ICB as an employer. The WDA team, with the Primary Care Training Hub, hold the relationship with NHS England Regional and National People Teams and Social Care Regional People teams.

The Primary Care Training Hub provides support to the primary care teams in our system. They bring in best practice, innovation, and development for the People elements in primary care. They develop the workforce supply and training capability of the primary care teams in our service and support primary care staff to start their careers, thrive and stay. They are key to the high performance of our primary care team and work alongside the Chief Primary Care Officer and the WDA team, spreading and sharing great People practice. The Hub supports two sub-groups of the People Board, Primary Care and Integrated Neighbourhoods. The Hub links into the Fuller programme implementation.

On behalf of East Region, the ICB hosts the regional team supporting regional and system cultural change.

Finance & Estates

Finance

The ICB Finance Team has the following statutory roles and functions.

- Cash management and supplier payments; in 2022/23 the ICB processed and paid over 40,000 supplier invoices. Payments must be made in line with national payment standards re: timeliness.
- Preparation of Annual Accounts carried out in line with statutory and regulatory requirements; these are audited by an external auditor.
- Co-ordination with HMRC re: tax, national insurance, and VAT.
- Stewardship of c£2bn of public money and assets. The Finance Team who has day-to-day responsibility in this area and who has a key role to play in demonstrating accountability to patients, the local public, NHSE, the Public Accounts Committee and other stakeholders. The internal financial control environment is managed by the Finance Team who ensure that effective controls are in place and working as they should and in line with prevailing legislation, rules and regulations; ensuring that there is an effective approach to financial risk assessment and mitigation.

Finance staff have a key role to play in modelling the right behaviours to ensure systems and places can benefit from working more closely together. The ICB Financial Management Team;

- Provides financial reporting, advice and guidance to budget holders and the wider organisation.
- Gather and interpret financial data required to make day-to-day and strategic management decisions. This information is used by budget holders, the Board and it's Committees and NHS England.
- The Finance Team support the development of organisational and system business cases for investment and support oversight to the delivery ICS transformation and efficiency schemes.

In addition, ICB Finance Teams have taken on several roles that CCGs did not have, for example,

- the ICB now undertakes an oversight, assurance and co-ordination process for system finance and financial reporting.
- Responsibility for system-based allocation policy, system annual and medium-term financial planning, including the co-ordination and prioritisation of the system capital programme.
- From April 2023, delegated responsibility for primary care commissioning, expanding beyond GP services to include ophthalmology, dentistry, and community pharmacy – this includes payments of contractors and a full financial management service.

Estates

The ICB Estates Team fulfils the following statutory / routine roles and functions:

- Management of the Primary Care Rent Review process to ensure primary care providers are reimbursed the correct amounts for their premises and that all primary care premises provide value for money
- Provides formal responses on behalf of the ICB as a statutory consultee for all housing

planning applications within BLMK, and oversees the funding secured by Local Authorities in relation to housing developments (S106 / Community Infrastructure Levy), prioritises how it is used to support primary care capacity, and coordinates the drawdown of funding for specific projects, including all necessary governance and legal arrangements
- Manages the Estates Programme Budget, including all charges for void and sessional spaces within the local estate held by NHS Property Services
- Supports Contracting activities where there is an Estates impact (e.g. providing estates input to contract procurements including supporting mobilisation of new leases etc, supporting the closure of contracts and exit/transfer plans for associated premises)
- Provides estates advice to primary care providers, including coordinating the formal approval of new leases / sale-and-leaseback arrangements
- Supports the decision-making around the allocation of the ICB BAU Capital budget, and manages the process for providing Premises Improvement Grants to primary care providers
- Coordinates the prioritisation of revenue investment for primary care premises
- Supports providers to work towards improving the energy efficiency of the buildings they operate from, to support delivery of the ICB Green Plan / Net Zero Carbon ambitions

Development of the Primary Care / Community Estate plays a key role in ensuring good access to services for patients, enabling transformation, and enabling more integrated approaches to care delivery. The ICB Estates Team supports this through:

- Leading on the development and delivery of local and system-level Estates Strategies, including carrying out/commissioning options appraisals, feasibility studies and business cases as required
- Supporting primary care providers to deliver premises improvement projects (including minor improvement works, extensions and practice relocations/new builds), including coordinating/assuring all necessary governance and legal arrangements
- Managing the delivery of specific estates projects, particularly larger multi-agency integrated schemes and partnership schemes (e.g. involving NHS Property Service and/or Local Authorities)

In addition, the ICB Estates Team provides a system coordination role in relation to Estates, including,

- Coordinating the development of the ICS Infrastructure Strategy, and supporting system decision making in relation to Estates and capital funding priorities
- Supporting all providers to identify and achieve Estates ambitions, including improving the utilisation of the local healthcare estate.

Primary Care

Primary care have accountability to transform and commission high quality and resilient primary medical, community pharmacy, dental and optometry services to meet the needs of the local population. Essential functions include the continuation of supportive partnership working to retain a resilient primary care offer to the population through workforce development, quality improvements, maximising digital innovations, estate developments and facilitating peak

performance with and across all primary care providers to enhance true collaboration.

As primary care providers (including primary medical practices, 111, urgent treatment centres, community pharmacists, dental practices, ophthalmology) are key partners in place-based working, the primary care team have a responsibility to assess, and plan bespoke organisational development in conjunction with the primary care training hub to enable them to be fully active with the work of the four Place Boards.

The Pharmacy and Medicines Optimisation function sits within the Primary Care Directorate and will drive pharmacy excellence, medicines optimisation and integrated working across the health and care system to ensure the safe and effective use of medicines and optimise medicines use to improve health outcomes and the quality of care.

Accountability for 'Prevention' in the ICB also rests in primary care and will be achieved by collaboration with Public Health and other partners in the ICS.

Nursing and Quality

The Chief Nurse has two deputy chief nurses to enable development and system shaping to four key statutory areas.

- Quality (assurance, planning and improvement),
- Inequality,
- Safeguarding and
- Vulnerabilities

These areas are supported by 35 members of staff the majority requiring a relevant clinical registration to be able to undertake their work.

The quality and inequality portfolio covers:

- Statutory national measures/contract measures e.g.CQC measures, NICE compliance, acute and system quality assurance metrics, CNST, Maternity & Neonatal actions plans x4, GIRFT, ECIST etc
- Quality improvement (NHS IMPACT as launched) to develop skills and a methodology across BLMK, linking with existing Qi providers so we marry expert knowledge from staff and residents alongside a scientific way to test and deliver changes/improvements.
- Deeper and professional support for Cancer, LNMS, Primary care and quality concerns about any services within BLMK.
- Lead BLMK to a new patient safety system for investigation and learning from harm through PSIRF - support and developed system wide - to include all providers, primary care, hospices and all registered CQC places.
- Oversee and lead the work in population health and inequalities for BLMK for inequality reduction and equity for all - including population health intelligence unit development and delivery and BLMK system wide programmes.
- Quality place support for 4 x LA/Providers - at least 50% of time spent in or with LA/Providers
- Professional leadership for ICB registered NMC Nurses

The Safeguarding and vulnerabilities portfolio covers:

- Statutory requirements for safeguarding escalation across BLMK in partnership with all LA's. Including SEND (special educational needs), Children in Care, Prevent, Mental Capacity, LEDER (learning disabilities) child deaths & serious violence duty, including Domestic Abuse
- Professional leadership as per board requirements for Safeguarding, MHLDA, CYP 0-25 years, Frailty & falls and end of life care.
- System leadership for all residents with vulnerabilities living and working anywhere in our system e.g., care homes, children's homes, eating disorders, learning disabilities, inpatient and community provision.
- Provide designated safeguarding across BLMK, educational functions, acute and community, Local Authority and Safeguarding Partnership Boards
- Safeguarding place support for 4 x LA/Providers - at least 50% of time spent in or with LA/providers.
- Research agenda with domestic abuse reduction and University of Bedfordshire overall vulnerabilities research.

Chief Operating Officer: Team Functions

CYP&M

- The Local Maternity and Neonatal Team fulfils the statutory responsibilities of the ICB in improving maternity outcomes for BLMK women.
- The Integration and Personalisation Team is child and family facing providing direct assessment and coordination for children with continuing care needs and those young people with learning disabilities and/or autism.
- The Commissioning and Transformation Team works through the pan-BLMK Children and Young People's Transformation Board has clear strategic objectives and there is good buy-in across stakeholders for the key deliverables identified in our Joint Forward Plan.
- Generates business cases for new investment associated with this portfolio & engagement with regional / national initiatives
- Has a very strong relationship with clinical and quality teams in the ICB

Mental Health, Learning Disability and Autism (MHLDA)

Currently this team carry out the following commissioning, transformation, and assurance functions:

- Commissioning and assurance for MH (all ages) & engagement with regional / national initiatives
- Commissioning and assurance for LD and ASD / ADHD (adults) & engagement with regional / national initiatives
- ICB resource for transformation on MH / LD / A pathways in BLMK
- Oversight of delivery of NHS Operating Plan objectives for this population
- Manages section 117 / OOA placements
- Convenes BLMK MH Transformation & Delivery Board.
- Generates business cases for new investment associated with this portfolio

As part of the ICB target operating model, this team together with our mental health providers (East London Foundation Trust and Central and North West London NHSFT) are working through the business case / assurance process to become a provider collaborative. As part of the due diligence of this, the 3 organisations will develop the collaborative leadership structure, with clarity on what needs to be retained by the ICB as commissioner. Any changes to this team will be fully consulted upon at the appropriate point in this process.

NHS Delivery Team (UEC and Elective)

This is a new team, bringing together planning and assurance of delivery for NHS UEC and elective delivery against the NHS Operating Plan. This senior team will have significant interfaces with the contracting, Place and STR teams to scope, support and assure delivery of key transformation programmes and embed clinical pathways development into provider contracts for urgent and emergency care and elective, across all provider settings commissioned by BLMK ICB. This includes independent sector and VCSE partners.

These senior roles have significant responsibility in building and maximising benefit from partnership with NHSE and special interest groups to deliver investment and benefit to BLMK residents.

This oversight and expertise relate to all aspects of elective and UEC delivery, including:

- Planning
- Delivery of NHS Operating Plan Objectives
- Transformation through Partnership (Place and Provider Collaboratives)
- Assurance of elective and UEC performance, with specific focus on impact of services in improving health outcomes and tackling inequalities
- Efficiencies – moving to sustainable top decile performance to make best use of resources, and support financial balance of the BLMK system

The BLMK ICB System Co-ordination Centre (SCC) will also be held in this team, with strong interfaces with the EPRR team. During September, provider collaboratives will work with the ICB to revise their individual and local-system escalation actions at OPEL 3 and 4 to ensure clear transparent action cards are in place with local co-ordination as appropriate. This preparation for winter will enable a seamless transition during the autumn to the new SCC specification and OPEL framework, which was released in mid-August by NHS England.

This team will also include the individual funding requests (IFR) and compliance audits team, which will have a professional oversight ‘dotted line’ of accountability to the nursing and quality directorate, as the majority of colleagues in this team are registered health professionals, in particular, nurses.

Complex Care & Placements

This team provides several key functions for residents in BLMK, including:

- Continuing health care
- Personalisation
- Community equipment service

- ABI / Stroke placements

These functions have been ‘out of scope’ in terms of any changes to the team’s structures whilst we work with NHS and Local Authority partners to develop the shared strategy and delivery plan. A summary of the rationale and approach for each of these functions is outlined below:

Continuing Health Care is a statutory responsibility for the ICB. However, inflationary costs for providers and the rising complexity of this patient cohort presents a challenge to us now and into the future in terms of sustainable and affordable service delivery.

As the ICB matures and our partnership working with our NHS and Local authority partners deepens, this is the time to pause and consider how we can adapt our delivery model to address these challenges.

How can the ICB work differently with providers to sustain the right clinical care (at home and placements)

The **community equipment team** works across all Places with a range of partners to deliver this service. It is central to the ICS’s commitment to enable our residents to thrive, providing equipment to support people to stay at home and to manage life as best as is possible with long term conditions and illness / disability.

This contract for the provision of community equipment, is due to move to a new Local Authority host in April 2024, moving from Milton Keynes to Central Bedfordshire. After this date, and with the new ICB TOMPlace Teams established, will be the time to review if any changes are needed in this team’s structures and ways of working to support delivery of our strategic ambitions. Therefore, this team were ‘out of scope’ in this staff consultation (except for changes to bases / on-call arrangements, where applicable).

Personalisation sits at the heart of our strategic objectives as an ICS to improve health outcomes, tackle inequalities, support local economic growth, and provide good value to the tax payer. It is applicable across the span of people’s lives, from maternity to frailty and older people’s care.

As the ICB moves from regionally-set NHSE targets for personalisation, the ICB need to work with residents and partners to develop our personalisation strategy and delivery programme for BLMK that underpins and enhances delivery of the High Impact Programmes in our Joint Forward Plan.

Personalisation is key in the ICB’s integrated neighbourhood working. Equally, it is a critical catalyst for change in how best the ICB meet the very complex needs of BLMK residents - children, young people and adults spanning physical health and mental health, learning disabilities and autism spectrum disorders.

Shared Contracting Team - A key development in the ICB’s target operating model is the move to a shared contracting team, bringing together the primary care contracting team (including the delegated community pharmacy, dental and optometry services) together with the contracting team for community, acute, mental health, learning disabilities and autism / ADHD, VCSE and independent sectors. This opens up strategic possibilities for the ICB to better align individual provider contracts with their partners at Place and Provider Collaborative to deliver our ICB objectives to improve health outcomes, tackle inequalities, offer value for money to taxpayers and support growth in our Boroughs.

The core functions of the contracting team will remain unchanged:

- Manages all NHS and independent sector contracts (procurement, contract management, annual contracting round)
- Engages across ICB to ensure ICB contracts are compliant and to a high standard across all areas of performance, quality, scope, productivity, compliance with legal standards (i.e. data governance, human trafficking) and finance
- Manages the account with the Commissioning Support Unit for all contracts & procurement services
- Leads as relationship manager with all partner providers
- Works with LA partners to manage the markets in mutual areas of contracting, e.g. care placements
- Lead for ICB on regional and out of area contracts (i.e. ambulance services)
- Manages engagement with regional / national colleagues on contracting and procurement

Professional oversight and accountability will be in place with the Chief Primary Care Officer and the Chief Operating Officer and associated teams. The contracting team will continue to have close working partnerships with quality, finance, performance and statutory functions in the ICB – as well as with all our contractual partners and providers.

Strategy and Assurance (SA)

The Strategy and Assurance Directorate has the following functions:

Governance and Assurance - managing the ICB's and ICP's governance and partnership arrangements including support for meetings and seminars, reporting including statutory reports (annual report, JFP) and performance reporting, maintaining statutory registers related to conflicts of interest, providing the board with assurance that its duties and plans are being delivered. Establishing and managing new governance arrangements in relation to delegation to Provider Collaboratives and place-based partnerships. The Chief of Strategy and Assurance is the SRO providing professional oversight risk management which is supported operationally by the Chief of Staff and their team.

Working with People and Communities - providing the ICB and partners with support to work with people and communities in delivering its business including communications, co-production, engagement, consultation and providing stakeholder management support in relation to all areas of its business. Providing communications, engagement and co-production support to proposed transformational change initiatives at system and place.

Strategy, Planning, Performance, Business Intelligence and Population Health Management – leading and co-ordinating data, population health and evidence-based ICP and ICB strategy development and NHS operational planning, including the production of corporate plans as required by NHSE. Working closely with the Population Health Intelligence Unit hosted by Bedford Borough Council to provide performance and data insights to shape transformation plans and priorities (i.e. work on single source of the truth.

VCSE – Developing a Strategic Partnership – working with the ICB and VCSE organisations to

develop a strategic partnership to support the delivery of the ICB's core purposes and deliver specific transformation schemes.

Sustainability and Growth - working with our ICS partners to deliver our green plan, grow our economy to improve the health and wellbeing of our population and develop a more sustainable health and care economy.

Supporting System Transformation through the Shared Transformation Resource - a new team in the ICB responsible for managing and delivering both system and place priorities to improve outcomes for residents. The team's work programme will be developed and agreed with the ICB Executive Team, ICB Board and system and place sponsors. It will deliver significant transformational activity to realise the ICB's Strategic Priorities, Place Priorities and the ambitions set out in the Joint Forward Plan.

Team members will have skills and experience in transformation, delivery, co-production, partnership working, programme/project management and quality improvement and plan do study act (PDSA) cycles. An embedded PMO will ensure appropriate programme and project structures, support and reporting mechanisms are in place to maximise the value of the team and transparently report to the Board and stakeholders on progress and impact.

The team will comprise flexible and agile transformation and improvement specialists, who will act as a catalyst for system and place collaboration to deliver value and improvements for residents and stakeholders, leading the development and delivery of complex transformational and other strategic improvements to benefit BLMK residents. These will be agreed and supported by Senior Responsible Owners (SROs), lead organisations and wider system and place partners.

The team will co-ordinate and deliver cross-system and place improvements in a way that allows the system and all partners across BLMK to:

- Understand where we are having an impact, identifying the delivery of benefits including social value.
- Reduce duplication and fill gaps in transformation work programmes.
- Support the system to have a clear understanding of where partners need to apply focus and prioritise
- Support delivery of national health and care policy; and
- Reduce health inequalities and deliver transformation, change and improvement.

Place Teams

The core responsibilities of each of the four Place teams are to;

- Facilitate delivery of Place set priorities including any adverse local variation.
- Support place inequality initiatives and support co-ordination within the ICS
- Deliver integrated neighbourhood working
- Working with local communities to utilise the universal primary care offer including same day access
- Drive and coordinate partnership working for delivery of care to specific vulnerable' groups
- Place co-ordination of UEC pathways and transformation and promoting proactive 'stay

well at home in the community'.

The teams will convene subject matter expertise in transformation in primary, community, acute and care services to deliver local transformation to improve the health outcomes of local residents and support all ICB partners in delivery of the Joint Forward Plan and NHS Operating Plan. This includes key strategic pieces of work such as integrated neighbourhood working, embedding prevention and early intervention at every opportunity and support local elective and UEC pathways.

The teams will have strong interfaces with all partner providers at Place, ICB core teams such as Quality, Primary Care, Contracting and Shared Transformation Resource and BLMK-wide SROs to translate national requirements and local / ICB priorities into integrated and sustainable pathways that benefit residents.

The team will evolve to become agile and innovative change and delivery agents, with strong skills in convening, co-production, and multi-agency transformation. They will require effective project management skills to help deliver tangible improvements to residents and communities. Teams will have proficiencies across the whole spectrum of NHS and partnership design, delivery and monitoring of multi-agency Place plans, and a strong grip on embedding change into standard operating procedures and aligned provider contract.